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KNOBBE MAI 2040 MAIN STR FOURTEENTH	I her State addr trans	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
IRVINE, CA 926	514						(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/575,871 TITLE OF INVENTIONS	10/575,871 01/29/2007 LE OF INVENTION: WOUND CLEANSING APPARATUS IN-SIT		Patrick Lewis Blott	Blott SMNPH.005APC		6837	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	12/28/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
HAWTHORNE, OF	PHELIA ALTHEA	3772	602-041000	•			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON 			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorncy or a 2 registered patent attor listed, no name will be	of a single firm (having as a member a rncy or agent) and the names of up to tent attorneys or agents. It no name is e will be printed. 2 Olson & Bear, LLP			
	ess an assignee is identi n in 37 CFR 3.11. Comp GNEE	data will appear on the patent. If an assignee is identified below, the document has been filed for of a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) London, United Kingdom					
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛛 Co	orporati	ion or other private gro	up entity 🚨 Government
	are submitted: o small entity discount p of Copies	 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form). 					
	s SMALL ENTITY statu d Publication Fee (if requ	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). deform anyone other than the applicant; a registered attorney or agent; or the assignee or other party in the Coffice.					
Authorized Signature Soly			Date October 1, 2010				
Typed or printed name Lorenz Siddiqi			Registration No. 59,404				
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